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Fill in this information to identify your case:	
Debtor 1 Joseph P. Magarity, Sr.	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSYLVAI</u>	NIA
Case number 16-16673-AMC	Check if this is:
(If known)	An amended filing
	A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment							
1.	Fill in your employment information.		Debto	r1	Debtor 2 or non-filling spouse			
	If you have more than one job,	5 *	■ Em	ployed	■ Employed			
	attach a separate page with information about additional	Employment status*	☐ Not	t employed	☐ Not employed			
	employers.	Occupation	Cons	ultant	Legal Nurse Consultant			
	Include part-time, seasonal, or self-employed work.	Employer's name	Fred	Beans VW of Doylestown	GSK			
	Occupation may include student or homemaker, if it applies.	Employer's address	• • • •	V. Lancaster Avenue n, PA 19333	5 Crescent Drive Philadelphia, PA 19112			
		How long employed th	nere?	2 months	9 years			
				*See Attachment for Addition	onal Employment Information			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or

					non-	filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	11,333.00	\$	9,735.58
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	11,333.00	\$_	9,735.58

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Deb	tor 1	Joseph P. Magarity, Sr.	-	C	ase r	number (<i>if known</i>)	16-	16673-A	MC		
						Debtor 1	nc	or Debtor on-filing s	spouse		
	Сор	y line 4 here	4.	,	\$	11,333.00	\$_	9	,735.5	8	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.	. ;	\$	2,979.49	\$	2	,840.2	6	
	5b.	Mandatory contributions for retirement plans	5b.	. :	\$	0.00	\$	-	0.0		
	5c.	Voluntary contributions for retirement plans	5c.	. ;	\$	0.00	\$	-	0.0	0	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$		0.0	0	
	5e.	Insurance	5e.		\$	0.00	\$		0.0		
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.0		
	5g. 5h.	Union dues Other deductions. Specify:	5g.		\$ \$	0.00	\$		0.0		
_			_ 5h.		· —		+ \$		0.0		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	_	2,979.49	\$_		,840.2		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	S	8,353.51	\$_	6	,895.3	2	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	. ;	\$	0.00	\$		0.0	0	
	8b.	Interest and dividends	8b.	. :	\$	0.00	\$		0.0	0	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	. ;	\$	0.00	\$		0.0	0	
	8d.	Unemployment compensation	8d.	. ;	\$	0.00	\$		0.0	0	
	8e.	Social Security	8e.	. ;	\$	0.00	\$		0.0	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$_		0.0		
	8g.	Pension or retirement income	8g.		\$	0.00	\$		0.0		
	8h.	Other monthly income. Specify:	8h.	.+ :	\$	0.00	+ \$		0.0	0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		0.	00	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	9	3,353.51 + \$	6	,895.32	= \$	15 2	48.83
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ <u> </u>		,,555.51 · · ·		,033.32	- -	13,2	70.03
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe		,	•	•	Schedule	e <i>J</i> . +\$ _		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$_	15,2	48.83
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						Comb	oined hly ind	ome
		No.									

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Debtor 1	Joseph P. Magarity, Sr.	Case number (if known)	16-16673-AMC

Official Form B 6I Attachment for Additional Employment Information

Spouse		
Occupation	Adjunct faculty	
Name of Employer	Gwynedd Mercy University	
How long employed	7 years	
Address of Employer	1325 Sumneytown Pike	
	Gwynedd Valley, PA 19437	

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